2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N11560

1. Entity Name
PETERSEN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7796 PETERSEN PT RD MILTON, FL 32583	7796 PETERSEN PT RD MILTON, FL 32583 US

03112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2634362
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS-JONES, TJ
7796 PETERSEN PT RD
MILTON, FL 32583

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSE, ED
STREET ADDRESS	7797 PETERSEN PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	STD
NAME	SIMMONS-JONES, TJ
STREET ADDRESS	7796 PETERSEN PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VPD
NAME	NETTLES, KATHY
STREET ADDRESS	7836 PETERSEN PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	WEAVER, DAVE
STREET ADDRESS	7840 PETERSEN PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	DONA, KATHY II
STREET ADDRESS	7820 PETERSON PT RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000292578
04/07/05-80077-006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TJ Simmons-Jones 3/11/05 850 479-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #